



3740 East Southern Avenue, Mesa, AZ 85206 • Fax 480.982.2449

480.982.2356

Credit Card on File Agreement

As an authorized signer on the credit card listed below, I give San Tan Counseling, PLC permission to utilize the credit card for all charges related to and including services rendered at San Tan Counseling.

Provider: _____ Payment amount: _____

Visa/MC Account Number: _____

Expiration Date: _____

Security Code or CID#: _____

Billing Address/Zip Code: _____

Name on Card: _____

Name of Client(s): _____

Phone Number: _____

Signature

Date